

GOVERNOR'S OFFICE OF EMERGENCY SERVICES

TEXT OF REGULATIONS

CALIFORNIA CODE OF REGULATIONS

Title 19. Public Safety

Division 2. Office of Emergency Services

Chapter 4. Hazardous Material Release Reporting, Inventory, And Response Plans

Article 4. Minimum Standards for Business Plans.

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- 2731. Emergency Response Plans and Procedures.
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Section 2729 Purpose.

- (a) This article provides minimum standards for the hazardous materials business plan. A hazardous materials business plan includes the following:
 - (1) Hazardous material inventory in accordance with Sections 2729.2 - 2729.7;
 - (2) Emergency response plans and procedures in accordance with Section 2731; and
 - (3) Training program information in accordance with Section 2732.

NOTE: Authority cited: Section 25503, Health and Safety Code. Reference: Section 25504, Health and Safety Code.

Section 2729.1 Business Plan General Requirements.

- (a) A business that handles a hazardous material or a mixture containing a hazardous material shall establish and implement a business plan if the hazardous material is handled in quantities:
 - (1) equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (gas calculated at standard temperature and pressure), or
 - (2) equal to or greater than the applicable federal threshold planning quantity (TPQ) for an extremely hazardous substance (EHS) listed in Appendix A, Part 355, Title 40, of the Code of Federal Regulations.
 - (3) radioactive materials that are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30 (commencing with Section 30.1), Part 40 (commencing with Section 40.1), or Part 70 (commencing with Section 70.1), of Chapter 10 of Title 10 of the Code of Federal Regulations (54 Federal Register 14051), or pursuant to any regulations adopted by the state in accordance with those regulations.
- (b) If a business handles a hazardous material pursuant to (a)(2) above, the business is subject to the Federal Emergency Planning and Community Right-to-Know Act (EPCRA) and shall also comply with Section 2729.6 of this article.

NOTE: Authority cited: Sections 25503, Health and Safety Code. Reference: Sections 25503.5(a) and 25503.8(a), Health and Safety Code.

Section 2729.2 Hazardous Materials Inventory Reporting Requirements.

- (a) A business subject to the requirements of Section 2729.1 shall complete and submit to the Certified Unified Program Agency (CUPA) or Administering Agency (AA) the following to satisfy the inventory reporting requirement:
 - (1) The Business Activities page of the Unified Program Consolidated Form as required by California Code of Regulations (CCR) Title 27, Section 15600(a); and Business Owner/Operator Identification page (Appendix A, OES Form 2730 (1/99)); and
 - (2) The Hazardous Materials - Chemical Description Page (Appendix A, OES Form 2731 (1/99)); and
 - (3) An Annotated Site Map if required by the CUPA or AA. An optional Annotated Site Map (Appendix A, OES Form 732 (map)(04/96)) is provided. CUPA's or AA's may modify the optional Annotated Site Map.

- (b) Forms described in (a) of this section and their completion instructions are in Appendices A and B of this article.
- (c) Hazardous materials considered to be trade secrets shall be clearly marked as such on the Chemical Description Page and are bound by Health and Safety Code, Section 25511.
- (d) Businesses shall report mixtures that are hazardous materials by their common name (the common name or trade name of the mixture as a whole). Hazardous components in the mixture shall be identified by chemical name, percent weight, and Chemical Abstract Service (CAS) numbers (refer to Material Safety Data Sheet (MSDS) or, in case of trade secrets, refer to manufacturer).
- (e) Public availability of the hazardous materials inventory required by this section is subject to Section 25506(a) of the Health and Safety Code.

NOTE: Authority cited: Sections 25503, 25503.1, 25503.3, and 25503.9, Health and Safety Code.
Reference: Sections 25503.3, 25503.9, 25504, 25505(d), 25509, 25511, 25533(b), Health and Safety Code.

Section 2729.3 Alternative Hazardous Materials Inventory Requirements.

- (a) A CUPA or AA may create alternative versions of the hazardous materials inventory forms for local purposes.
- (b) Alternative versions shall:
 - (1) Be developed in consultation with all agencies within the CUPA's or AA's jurisdiction that are responsible for fire protection, emergency response and environmental health; and
 - (2) Meet the requirements of 27 CCR, Section 15400.3(c).
- (c) The CUPA or AA shall accept the inventory as shown in the appendices from any regulated business that chooses to use it, even if the CUPA or AA adopts one or more alternative versions.

NOTE: Authority cited: Section 25503, Health and Safety Code. Reference: Sections 25404 (b), (c), (d), (e) and 25404.6 (c), 25503.3, Health and Safety Code.

Section 2729.4 Hazardous Materials Inventory Submittal.

- (a) A business shall submit a hazardous materials inventory to the appropriate CUPA or AA and local fire agency.
- (b) The hazardous materials inventory shall be submitted annually on or before March 1.
- (c) Businesses may choose to submit an inventory utilizing the forms specified in Section 2729.2 of this article or an alternate version developed by the CUPA or AA for their jurisdiction.

(d) Businesses shall submit an amendment to the inventory within 30 days of the following events:

- (1) A 100 percent or more increase in the quantity of a previously disclosed material.
- (2) Any handling of a previously undisclosed hazardous material subject to the inventory requirements of this chapter.
- (3) Change of business address.
- (4) Change of business ownership.
- (5) Change of business name.

NOTE: Authority cited: Sections 25503, Health and Safety Code. Reference: Sections 25505(a) and (d), 25510 Health and Safety Code.

Section 2729.5 Hazardous Material Inventory Submission Options.

- (a) If no change in an inventory has occurred, a business subject to the hazardous materials reporting requirements may comply with the annual inventory reporting requirements of Section 2729.4 by submitting a certification statement to the CUPA or AA if all the following apply:
 - (1) The business has previously filed the hazardous materials inventory pursuant to Section 2729.2 and 2729.3 requirements.
 - (2) The business owner or officially designated representative signs and attests to these statements:
 - (A) The information contained in the hazardous materials inventory most recently submitted to the CUPA or AA is complete, accurate, and up to date.
 - (B) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory.
 - (C) No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
 - (3) The business is not utilizing the submission of this certification to meet the annual inventory submission requirements of EPCRA (Section 11022 of Title 42, United States Code).
- (b) If a change in the hazardous materials inventory has occurred, a business subject to the hazardous materials reporting requirements may comply with the annual inventory reporting requirements by submitting the following:

- (1) Signed Business Owner/Operator page for the current reporting year.
 - (2) Updated Chemical Description pages showing additions, deletions, or revisions to previously submitted hazardous materials inventory.
- (c) Notwithstanding Section 2729.5 (a) and (b) facilities subject to EPCRA must, annually submit the following, whether a change has occurred or not:
- (1) Business Activities page of the Unified Program Consolidated Form.
 - (2) Signed Business Owner/Operator page for the current reporting year.
 - (3) Chemical Description page for each federally listed Extremely Hazardous Substance (EHS) handled in quantities equal to or greater than applicable Federal Threshold Planning Quantities or 500 pounds, whichever is less.
- (d) Businesses may submit data from the hazardous materials inventory to a CUPA or AA electronically, if the CUPA or AA agrees to accept it electronically, utilizing the means specified in CCR Title 27, Section 15187.

NOTE: Authority cited: Sections 25502 and 25503.3 (a), Health and Safety Code. Reference: Sections 25505 (b), (c) and (d) Health and Safety Code.

Section 2729.6 Emergency Planning and Community Right to Know Act Compliance Requirements.

- (a) Submittal of the inventory required in 2729.2 shall meet EPCRA if the following additional requirements are met.
- (1) Business Activities page of the Unified Program Consolidated Form.
 - (2) All businesses which are subject to EPCRA and wish to claim trade secrecy must comply with the requirements of Code of Federal Regulations (CFR) Title 40 Part 350 and submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to the United States Environmental Protection Agency (USEPA).
 - (3) If the hazardous material being reported is an EHS as identified in 40 CFR Part 355, Appendix A, the Chemical Description page, for that material, must contain an original signature, a photocopy of the original signature, or a signature stamp. This signature may be placed in the box for locally collected information.

NOTE: Authority cited: Sections 25503, 25503.8, 25509 (d) and (e), Health and Safety Code. Reference: Section 25506, Health and Safety Code.

Section 2729.7 Uniform Fire Code Compliance Requirements.

- (a) The requirement of Section 25503.9 of the Health and Safety Code to obligate administering agencies to require businesses to submit an addendum with the inventory of hazardous materials when complying with Sections 13143.9(b) and (c) and Section 25509(b) of the Health and Safety Code shall be met by complying with the requirements of Section 2729.2.
 - (1) If the local fire chief requires submittal of a Hazardous Materials Inventory Statement (HMIS) as stated in the Uniform Fire Code Section 80.103 subdivision (c) (1991), then the fire code hazard classes shall be identified on the chemical description page.
 - (2) The hazardous material inventory specified in section 2729.2 shall be submitted in lieu of an HMIS.

NOTE: Authority cited: Sections 25503, 25503.9, 25509 (b), and 25509.2 (a), (b), and (c), Health and Safety Code. Reference: Sections 25509 (b), and 25509.2 (d) and (e), Health and Safety Code

Section 2731. Emergency Response Plans and Procedures.

The business plan shall include the following emergency response procedures for a release or threatened release of hazardous materials, scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations:

- (a) immediate notification of:
 - (1) local emergency response personnel;
 - (2) the administering agency and the State Office of Emergency Services pursuant to article 2 of this subchapter;
 - (3) persons within the facility who are necessary to respond to an incident;
- (b) identification of local emergency medical assistance appropriate for potential accident scenarios;
- (c) mitigation, prevention, or abatement of hazards to persons, property, or the environment;
- (d) immediate notification and evacuation of the facility; and
- (e) identification of areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.

NOTE: Authority cited: Sections 25503 and 25517.5, Health and Safety Code. Reference: Sections 25503(b)(2), 25504(b) and 25507, Health and Safety Code.

Section 2732. Training.

- (a) The business plan shall include a training program, which is reasonable and appropriate for the size of the business and the nature of the hazardous materials handled. The training program shall take into consideration the responsibilities of the employees to be trained. The training program shall, at a minimum, include:
- (1) methods for safe handling of hazardous materials;
 - (2) procedures for coordination with local emergency response organizations;
 - (3) use of emergency response equipment and supplies under the control of the handler, and
 - (4) all procedures required by Section 2731 of this Article.
- (b) The business plan shall include provisions for ensuring that appropriate personnel receive initial and refresher training.

NOTE: Authority cited: Section 25503, Health and Safety Code. Reference: Section 25504(c), Health and Safety Code.

APPENDIX A

Article 4 Minimum Standards for Business Plans Hazardous Materials Inventory - Forms

- I. Unified Program Consolidated Form - Business Activities Page
- II. Business Owner/Operator Identification Page
- III. Hazardous Materials Inventory - Chemical Description Page
- IV. Annotated Site Map

FACILITY INFORMATION

Page 1 of _____

FACILITY ID #												1.	EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)														3.

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquid, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or	<input type="radio"/> YES <input type="radio"/> NO 4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (UST) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="radio"/> YES <input type="radio"/> NO 5. <input type="radio"/> YES <input type="radio"/> NO 6. <input type="radio"/> YES <input type="radio"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATION OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion - on page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (AST) Own or operate ASTs above these thresholds: <ul style="list-style-type: none"> any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons? 	<input type="radio"/> YES <input type="radio"/> NO 8.	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC Section 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="radio"/> YES <input type="radio"/> NO 9. <input type="radio"/> YES <input type="radio"/> NO 10. <input type="radio"/> YES <input type="radio"/> NO 11. <input type="radio"/> YES <input type="radio"/> NO 12. <input type="radio"/> YES <input type="radio"/> NO 13. <input type="radio"/> YES <input type="radio"/> NO 14.	<input checked="" type="checkbox"/> EPA ID NUMBER -- provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit)(Formerly DTSC Forms 1772A, B, C, D, and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE

15.

(You may also be required to provide additional information by your CUPA or local agency.)

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION															
FACILITY ID #									1	BEGINNING DATE	100	ENDING DATE	101		
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)										3	BUSINESS PHONE			102	
BUSINESS SITE ADDRESS														103	
CITY										104	CA	ZIP CODE		105	
DUN & BRADSTREET										106	SIC CODE (4 digit #)		107		
COUNTY														108	
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE			110	
II. BUSINESS OWNER															
OWNER NAME										111	OWNER PHONE			112	
OWNER MAILING ADDRESS														113	
CITY										114	STATE	115	ZIP CODE	116	
III. ENVIRONMENTAL CONTACT															
CONTACT NAME										117	CONTACT PHONE			118	
CONTACT MAILING ADDRESS														119	
CITY										120	STATE	121	ZIP CODE	122	
IV. EMERGENCY CONTACTS															
- PRIMARY -					- SECONDARY -										
NAME					123	NAME					128				
TITLE					124	TITLE					129				
BUSINESS PHONE					125	BUSINESS PHONE					130				
24-HOUR PHONE					126	24-HOUR PHONE					131				
PAGER #					127	PAGER #					132				
ADDITIONAL LOCALLY COLLECTED INFORMATION:														133	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.															
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										DATE	134	NAME OF DOCUMENT PREPARER			135
NAME OF SIGNER (print)										136	TITLE OF SIGNER				137

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

HAZARDOUS MATERIALS

(one form per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE 200 Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		3
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO 202
FACILITY ID #	1	MAP # (optional) 203
		GRID # (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> YES <input type="checkbox"/> NO 206
		If Subject to EPCRA, refer to instructions
COMMON NAME	207	EHS* <input type="checkbox"/> YES <input type="checkbox"/> NO 208
CAS #	209	*If EHS is "Yes," all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210		
HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211	RADIOACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO 212
PHYSICAL STATE (Check on item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214	CURIES 213
LARGEST CONTAINER 215		
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216		
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT 218
UNITS* (Check one item only)	<input type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS 221	ANNUAL WASTE AMOUNT 219
		STATE WASTE CODE 220
STORAGE CONTAINER (Check all that apply)		DAYS ON SITE 222
<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225

% WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	226	227	228
		<input type="checkbox"/> YES <input type="checkbox"/> NO	229
2	230	231	232
		<input type="checkbox"/> YES <input type="checkbox"/> NO	233
3	234	235	236
		<input type="checkbox"/> YES <input type="checkbox"/> NO	237
4	238	235	240
		<input type="checkbox"/> YES <input type="checkbox"/> NO	241
5	242	243	244
		<input type="checkbox"/> YES <input type="checkbox"/> NO	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required

ADDITIONAL LOCALLY COLLECTED INFORMATION:	246
If EPCRA please sign here	

CALIFORNIA ANNOTATED MAP	Business Name:	Site Address:	Map #:
--------------------------	----------------	---------------	--------

A

B

C

D

E

F

G

H

I

J

1

2

3

4

5

6

7

For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads

For Sub-Site Map

- Scale of Map
- Locations of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

North

Scale:

1" = _____

CCLIX.

Y X →

12

02/29/00

APPENDIX B

Article 4 Minimum Standards for Business Plans Hazardous Materials Inventory - Instructions

- I. Unified Program Consolidated Form - Business Activities
- II. Business Owner/Operator Identification
- III. Hazardous Materials Inventory - Chemical Description
- IV. Annotated Site Map

I. The Unified Program Consolidated Form - Activities Instructions

Please submit the Business Activity page, the Business Owner/Operator page, and the Chemical Description page for all hazardous materials inventory submissions. (Note: the numbering of the instructions follows the data element numbers that are on the form pages. These data element numbers are used for electronic submission and is the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ID	ELEMENT	INFORMATION DESCRIPTION
1.	Facility ID Number	Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2.	EPA ID Number	If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC), Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3.	Business Name	Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past.
4.	Hazardous Materials Onsite	<p>Check the appropriate box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:</p> <ul style="list-style-type: none"> • It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure), • It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A, • Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations. <p>If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification (OES Form 2730) and the Hazardous Materials Inventory-Chemical Description page (OES Form 2731), as well as an Emergency Response Plan and Training Plan.</p>

ID	ELEMENT	INFORMATION DESCRIPTION
		Do not answer “YES” to this question if you exceed only a local threshold, but do not exceed the state threshold.
5.	Own or Operate Underground Storage Tank (UST)	Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances (HS) as defined in Health and Safety Code (HSC) §25316. If “YES”, then you must complete one UST Facility page (formerly State Water Resources Control Board (SWRCB) Form A) and UST Tank pages (formerly SWRCB Form B) for each tank.
6.	Upgrade/Install UST	Check the appropriate box to indicate whether you intend to install or upgrade UST’s containing hazardous substances as defined in HSC §25316. If “YES”, then you must complete the UST Installation-Certificate of Compliance page (formerly SWRCB Form C) in addition to UST Facility and Tank pages.
7.	UST Closure	Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages (formerly SWRCB Form B) for each tank. (CUPAs may require additional information.)
8.	Own or Operate Aboveground Petroleum Storage Tank (AST)	<p>Check the appropriate box to indicate whether there are AST’s onsite which exceed the regulatory thresholds. (There is no state AST form.)</p> <p>This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2(g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all AST’s.</p> <p>NOT Subject to the Act (exemptions): An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC §25270.2(k)) is not subject to this act and is exempt:</p> <ul style="list-style-type: none"> • A pressure vessel or boiler which is subject to Division 5 of the Labor Code. • A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by the Department of Toxic Substances Control. • An aboveground oil production tank which is regulated by the Division of Oil and Gas. • Certain oil-filled electrical equipment including but not limited to, transformers, circuit breakers, or capacitors.
9.	Hazardous	Check the appropriate box to indicate whether your facility generates

ID	ELEMENT	INFORMATION DESCRIPTION
	Waste Generator	<p>hazardous waste (HW). A generator is the person or business whose acts or processes produce a HW or who causes a hazardous substance or waste to become subject to state HW law. If your facility generates HW, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2.</p> <p>Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC § 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA) Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.</p>
10.	Recycle	<p>Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC § 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.</p>
11.	Onsite Hazardous Waste Treatment	<p>Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC section 25123.5(b) for these specific exemptions.</p> <p>Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC section 25200.3.1 for specific information.</p> <p>Please contact your CUPA to determine if any exemptions apply to your facility. Triggers requirement for onsite hazardous waste treatment data elements.</p> <p>If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification- Facility page (formerly DTSC Form 1772) and one set of Onsite Hazardous Waste Treatment</p>

ID	ELEMENT	INFORMATION DESCRIPTION
		Notification-Unit pages (formerly DTSC Forms 1772A, B, C, D, E, and L) with waste and treatment process information for each unit.
12.	Financial Assurance	<p>Check the appropriate box to indicate whether your facility is subject to Financial Assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13(b) and HSC §25245.4).</p> <p>If your facility is subject to Financial Assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page (formerly DTSC Form 1232).</p>
13.	Remote Waste Consolidation Site	<p>Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site.</p> <p>Answer “YES” if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10.</p> <p>If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page (formerly DTSC Form 1196).</p>
14.	Hazardous Waste Tank Closure	<p>Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:</p> <ul style="list-style-type: none"> • Your knowledge of the tank and its contents • Testing of the tank • Inability to remove hazardous materials stored in the tank • The mixture rule • The listed wastes in 40 CFR 261.31 or 40 CFR 261.32 <p>If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page (formerly DTSC Form 1249).</p>
15.	Local Requirements	Some CUPA’s or AA’s may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

II. Business Owner/Operator Identification - Instructions

Please submit the Business Owner/Operator Identification page, the Business Activity page, and the Chemical Description page for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the form pages. These data element numbers are used for electronic submission and is the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ID	ELEMENT	INFORMATION DESCRIPTION
1.	Facility ID Number	Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
3.	Business Name	Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past.
100.	Beginning Date	Enter the beginning year and date of the report. (YYYYMMDD)
101.	Ending Date	Enter the ending year and date of the report. (YYYYMMDD)
102.	Business Phone	Enter the phone number, area code first, and any extension.
103.	Business Site Address	Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104.	City	Enter the city or unincorporated area in which business site is located.
105.	Zip Code	Enter the zip code of business site. The extra 4 digit zip may also be added.
106.	Dun & Bradstreet	Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 822-7748 or by Internet.
107.	SIC Code	Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more that 4 digits, report only the first four.
108.	County	Enter the county in which the business site is located.
109.	Business Operator Name	Enter the name of the business operator.
110.	Business Operator Phone	Enter business operator phone number, if different from business phone (area code first) and any extension.
111.	Owner Name	Enter name of business owner, if different from business operator.
112.	Owner Phone	Enter the business owner's phone number if different from business phone (area code first) and any extension.
113.	Owner Mailing	Enter the owner's mailing address if different from business site address.

ID	ELEMENT	INFORMATION DESCRIPTION
	Address	
114.	Owner City	Enter the name of the city for the owner's mailing address.
115.	Owner State	Enter the 2 character state abbreviation for the owner's mailing address.
116.	Owner Zip Code	Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117.	Environmental Contact Name	Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118.	Contact Phone	Enter the phone number, if different from Owner or perator, at which the environmental contact can be contacted (area code first) and any extension.
119.	Mailing Address	Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120.	City	Enter the name of the city for the environmental contact's mailing address.
121.	State	Enter the 2 character state abbreviation for the environmental contact's mailing address.
122.	Zip Code	Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123.	Primary Emergency Contact Name	Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124.	Title	Enter the title of the primary emergency contact.
125.	Business Phone	Enter the business number for the primary emergency contact (area code first) and any extensions.
126.	24-Hour Phone	Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not contact's home phone number, then the service answering the phone must be able to immediately contact the individual, stated above.
127.	Pager Number	Enter the pager number for the primary emergency contact, if available.
128.	Secondary Emergency Contact Name	Enter the name of the secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129.	Title	Enter the title of the secondary emergency contact.
130.	Business Phone	Enter the business telephone number for the secondary emergency contact (area code first) and any extension.
131.	24-Hour Phone	Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one which is aswered 24-hour a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132.	Pager Number	Enter the pager number for the secondary emergency contact, if available.

ID	ELEMENT	INFORMATION DESCRIPTION
133.	Additional Locally Collected Information	This space may be used for CUPA's or AA's to collect any additional information necessary to meet the requirements of the their individual prigrams. Contact your local agency for guidance.
134.	Date	Enter the date that the form was signed. (YYYYMMDD)
135.	Name Document Preparer	Enter the full name of the person who prepared the inventory submittal information.
136.	Name of Signer	Enter the full printed name of the person signing the form. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
	Signature of Owner/ Operator or Designated Representative	The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137.	Title of Signer	Enter the title of the person signing the form.

III. Hazardous Materials Inventory - Chemical Description Instructions

You must complete a separate Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the form pages. These data element numbers are used for electronic submission and is the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your Certified Unified Program Agency (CUPA) or Administering Agency (AA) identify whether the submittal is complete and if any pages are separated.

ID	ELEMENT	INFORMATION DESCRIPTION
1.	Facility ID Number	This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3.	Business Name	Enter the full legal name of the business as entered on the Business Owner/Operator identification page.
200.	Add/Delete/Revise	Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201.	Chemical Location	Enter the building or outside/adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to Section 25506 of the Health and Safety Code.
202.	Chemical Location Confidential - EPCRA	All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Y" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "N".
203.	Map Number	If a map is included, enter the number of the map on which the location of the hazardous material is shown.

ID	ELEMENT	INFORMATION DESCRIPTION
204.	Grid Number	If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205.	Chemical Name	Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "Common name" field instead.
206.	Trade Secret	Check "Y" for yes if the information in this section is declared a trade secret, or "N" for no, if it is not. State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by Health and Safety Code, Section 25511. Federal Requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by Title 40 Code of Federal Regulations (CFR) and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207.	Common Name	Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208.	EHS	Check "Y" for yes if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209.	CAS #	Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210.	Fire Code Hazard Classes	Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact the CUPA or AA for guidance.
211.	Hazardous Material Type	Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212.	Radioactive	Check "Y" for yes if the hazardous material is radioactive or "N" for no, if it

ID	ELEMENT	INFORMATION DESCRIPTION
		is not.
213.	Curies	If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214.	Physical State	Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215.	Largest Container	Enter the total capacity of the largest container in which the material is stored.
216.	Federal Hazard Categories	<p>Check all categories that describe the physical and health hazards associated with the hazardous material.</p> <p>PHYSICAL HAZARDS</p> <p>Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive Pressure Release: Explosives, Compressed Gases, Blasting Agents</p> <p>HEALTH HAZARDS</p> <p>Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure. Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.</p>
217.	Average Daily Amount	Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218.	Maximum Daily Amount	Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year.

ID	ELEMENT	INFORMATION DESCRIPTION
		This amount should be consistent with the units reported in box 221.
219.	Annual Waste Amount	If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220.	State Waste Code	If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221.	Units	Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222.	Days on Site	List the total number of days during the year that the material is on site.
223.	Storage Container	Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224.	Storage Pressure	Check the one box that best describes the pressure at which the hazardous material is stored.
225.	Storage Temperature	Check the box that best describes the temperature at which the hazardous material is stored.
226, 230, 234, 238, 242	Hazardous Component 1 - 5 (% by weight)	Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range.
227, 231, 235, 239, 243	Hazardous Component (1 - 5) Name	When reporting hazardous material that is a mixture, list up to five chemical names of hazardous components in a mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. IF more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed.
228, 232, 236, 240, 244	Hazardous Component 1 - 5 EHS	Check "Y" for yes if the component of the mixture is considered an Extremely Hazardous Substances as defined in 40 CFR, Part 355, or "N" for no, if it is not.
229.	Hazardous	List the Chemical Abstract Service (CAS) numbers as related to the

ID	ELEMENT	INFORMATION DESCRIPTION
233, 237, 241, 245	Component 1 - 5 CAS	hazardous component in the mixture.
246	Additional Locally Collected Information	This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.

IV. California Annotated Site Map - Instructions

Attach a map of the facility using the standard grid. As a minimum, the map should show the following:

1. Site Layout

- Scale of map
- Site Orientation (north, south, etc.)
- Loading areas
- Parking lots
- Internal roads
- Storm and sewer drains
- Adjacent property use
- Locations and names of adjacent streets and alleys
- Access and egress points and roads

2. Facility

- Location of each storage area
- Location of each hazardous material handling area
- Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.